

## Surunkali yurak yetishmovchiligi bo'lgan bemorlarda temir tanqisligi kamqonligini davolashga zamonaviy yondoshuvlar

Akbar Xaydarovich Xaydarov  
RSHTYOIMSF Samarqand filiali  
Feruza Xaydarovna Mamatkulova  
Oyjamol Narzullayevna Uzoqova  
Samarqand davlat tibbiyot universiteti

**Annotatsiya:** Surunkali yurak yetishmovchiligi, chap qorincha qon xaydash fraksiyasi (CHQQXF) kamaygan va tasdiqlangan temir tanqisligi bo'lgan bemorlarda tomir ichiga temir bilan uzoq muddatli davolash simptomlarni, funksional imkoniyatlarni va hayot sifatini yaxshilaydi.

**Kalit so'zlar:** surunkali yurak yetishmovchiligi, kamqonlik, temir preparatlari, xayot sifati

## Modern approaches to the treatment of iron deficiency anemia in patients with chronic heart failure

Akbar Khaydarovich Khaydarov  
SBRSCMC  
Feruza Khaydarovna Mamatkulova  
Oyjamol Narzullayevna Uzoqova  
Samarkand State Medical University

**Abstract:** Long-term intravenous iron therapy improves symptoms, functional capacity, and quality of life in patients with chronic heart failure, reduced left ventricular ejection fraction (LVEF), and confirmed iron deficiency.

**Keywords:** chronic heart failure, anemia, iron supplements, quality of life

**Kirish:** Surunkali yurak yetishmovchiligi (SYUYE) - yurak qon-tomir tizimining eng ko'p tarqalgan, tez avj oluvchi, noxush oqibatlarni yuzaga keltiruvchi og'ir asoratlardan biri bo'lib, bemorlarning hayot sifatiga sezilarli salbiy ta'sir ko'rsatadi va o'limga olib keluvchi sabablar orasida yetakchi o'rinlardan birini egallaydi. Bu AQSH va Yevropa davlatlarida olib borilgan tadqiqotlarda ham tasdiqlangan [1].

**SYUYE sabablari**

Rossiya Federatsiyasida SYUYE rivojlanishining asosiy sabablari quyidagilardir: arterial gipertenziya (95,5%), yurak ishemik kasalligi (69,7%),

o'tkazilgan miokard infarkti (15,3%), qandli diabet (15,9%). Koronar yurak kasalligi va arterial gipertenziyaning kombinatsiyasi SYUYE bilan og'rigan bemorlarning ko'pchiligida uchraydi. Surunkali obstruktiv o'pka kasalligi SYUYE rivojlanishining barcha sabablarining 13% ni tashkil qiladi, surunkali va paroksizmal atrial fibrilyatsiya - 12,8%, o'tkir serebrovaskulyar qon aylanish buzilishi - 10,3% tashkil etadi.

SYUYE rivojlanishining eng kam uchraydigan sabablariga quyidagilar kiradi: miokardit (3,6%), kardiomiopatiya, turli etiologiyali toksik (shu jumladan yatrogenik) miokard shikastlanishi, anemiya (12,3%) [1].

#### SYUYE tasnifi

Chap qorincha qon xaydash fraksiyasi tomonidan :

Kam fraksiyasi bilan (40% dan kam);

O'rtacha past fraksiyasi bilan (40% dan 49% gacha);

Qon xaydash fraksiyasi saqlanib qolgan (50% yoki undan ko'p).

Rasmiy epidemiologik ma'lumotlarda keltirilishicha, SYUYE Yevropa mamlakatlarida aholining 1 - 2,6%, Amerika qo'shma shtatlarida esa 2,2%, Rossiya Federatsiyasida 7 - 10% da aniqlanadi. Yevropada barcha shifoxonaga yotqizilgan bemorlarning 5% ushbu patologiya ulushiga to'g'ri keladi, Rossiya Federatsiyasida esa yurak - qon tomir xastaligi bilan shifoxonaga yotqizilganlarning 16,7% ni SYUYE bilan og'rigan bemorlar tashkil etadi. Ularning aksariyat qismi shifoxonadan chiqarilgandan so'ng 6 oy davomida, 20 - 25% esa 30 kun ichida kasalxonaga qayta yotqiziladi va buning sababi 70% xollarda xastalikning dekompensatsiyasi bilan bog'liq [5].

Shu sababli sog'liqni saqlash tizimi uchun SYUYE muammosi o'ta muhim hisoblanadi.

Yuqorida ta'kidlanganidek, kasallikning ko'p uchrashi, shuningdek, uning og'ir kechishi, tez - tez shifoxonada davolanish zarurligi, erta nogironlik, qimmat jarrohlik va uzoq muddatli konservativ davolanish, rehabilitatsiya dasturi zaruriyati jihatidan ko'p mablag' talab etilishi bilan ifodalanadi. SYUYE bilan xasta bemorlarni samarali davolash, hayot sifatini yaxshilash, o'lim ko'rsatkichini kamaytirish va bemor umrini uzaytirishdagi strategik yo'nalishlardan biri - bu kasallikni imkon qadar erta bosqichlarda aniqlashdir

Tadqiqot maqsadi: Surunkali yurak yetishmovchiligi, chap qorincha qon xaydash fraksiyasi kamaygan va temir tanqisligi kamqonligi tasdiqlangan bemorlarda tomir ichiga temir bilan uzoq muddatli davolash simptomlarni, funksional imkoniyatlarni va hayot sifatini yaxshilashni o'rganish.

Materiallar va usullar: Samarqand viloyat ko'p tarmoqli tibbiyot markazining gematologiya va terapiya bo'limlarida 2023-2024- yillarda davolanagan surunkali yurak yetishmovchiligiga olib keluvchi yurak kasalliklari bilan davolanayotgan 65

nafar bemorlar o'rganildi. Bemorlarning o'rtacha yoshi 67 yosh bo'lgan asosiy guruhga kiritilgan.

Ushbu tadqiqot quyidagi mezonlarga ega bo'lgan bemorlarni o'z ichiga oldi: chap qorincha qon xaydash fraksiyasi 40% dan kam bo'lgan NYHA II toifali yurak yetishmovchiligi va chap qorincha qon xaydash fraksiyasi 45% dan kam bo'lgan NYHA III, gemoglobin darajasi 95 g/l dan 135 g /l gacha va ferritin darajasining pasaygan. Nazorat qilinmagan arterial gipertenziya, klinik jihatdan ahamiyatli bo'lgan jigar yoki buyrak disfunksiyasi yoki boshqa yurak kasalliklari va davom etayotgan yallig'lanishi bo'lgan bemorlar bundan mustasno.

Bemorlar yurak-qon tomir xavf omillari, chap qorincha qon xaydash fraksiyasi 32% va asosiy gemoglobin 119 g/l bo'yicha o'xshash edi. Ikkala guruhdagi bemorlarning 80% NYHA III sinfiga tegishli edi. Bemorlarga tasodifiy ravishda 2: 1 nisbatda per os temir yoki 200 mg temir karboksimaltoz olish uchun tayinlangan. Temir tanqisligining taxminiy darajasiga qarab, bemorlar davolanish davrida 8-12 hafta davomida har hafta dozani, so'ngra parvarishlash bosqichida har 4 haftada - jami 24 hafta davomida tegishli ravishda temir preparatlari dozalarini olishdi. Guruhlar tarkibini faqat ma'muriy xodimlar bilishardi, ammo bu xodimlar tahlilga jalb etilmagan. Ikkala guruhdagi bemorlarning 85% dan ortig'i 24 haftalik davolash kursini yakunladi. Vena ichiga temir qabul qilgan bemorlar ikkala asosiy yakuniy nuqtada yaxshilanishlarni ko'rsatdilar: 24-haftada bemorlarning global baholash shkalasi va NYHA III funksional klassini tashkil etdi. Davolash guruhida bemorlar ko'proq nazorat guruhidagi bemorlarga qaraganda umumiy axvollarini "juda yoki o'rtacha darajada yaxshilangan" deb xabar berishdi (50% ga nisbatan 28%). Shunga o'xshab, davolash guruhidagi bemorlarning ko'pchiligi NYHA I yoki II ga nisbatan yaxshilandi (47% va 30%). Bu foyda barcha kichik guruhlarda, shu jumladan anemiyasi bo'lgan yoki bo'lmagan bemorlarda kuzatildi. Guruhda 4, 12 va 24 haftalarda hayot sifati ko'rsatkichlari ham sezilarli darajada yaxshilandi (barcha taqqoslashlar uchun  $P < .001$ ). 2 guruh o'rtasida o'lim, kasalxonaga yotqizish yoki noxush hodisalar ko'rsatkichlarida farqlar topilmadi.

**Xulosa:** Surunkali yurak yetishmovchiligi, chap qorincha qon xaydash fraksiyasi kamaygan va temir tanqisligi kamqonligi tasdiqlangan bemorlarda tomir ichiga temir bilan uzoq muddatli davolash simptomlarni, funksional imkoniyatlarni va hayot sifatini yaxshilaydi.

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